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No. 3

House of Representatives

The House was not in session today. Its next meeting will be held on Tuesday, January 31, 2006, at noon.

Senate

FRIDAY, JANUARY 20, 2006

The Senate met at 10 a.m. and was called to order by the President pro tempore (Mr. STEVENS).

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. REID (for himself, Mr. DURBIN, Ms. STABENOW, Mr. SCHUMER, Mr. AKAKA, Mr. BAUCUS, Mr. BAYH, Mr. BIDEN, Mr. BINGAMAN, Mrs. BOXER, Mr. CARPER, Mrs. CLINTON, Mr. CONRAD, Mr. DAYTON, Mr. DORGAN, Mr. FEINGOLD, Mr. HARKIN, Mr. JOHNSON, Mr. KENNEDY, Mr. KERRY, Mr. KOHL, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mr. MENENDEZ, Ms. MIKULSKI, Mrs. MURRAY, Mr. OBAMA, Mr. REED, Mr. ROCKEFELLER, Mr. SALAZAR, and Mr. WYDEN):

S. 2180. A bill to provide more rigorous requirements with respect to disclosure and enforcement of ethics and lobbying laws and regulations, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. LAUTENBERG (for himself, Ms. SNOWE, Mr. SCHUMER, Mr. COLEMAN, Mrs. FEINSTEIN, Mr. PRYOR, Mr. DEWINE, Mrs. BOXER, Mr. MENENDEZ, Ms. COLLINS, Mr. DAYTON, Mr. REED, Mr. JEFFORDS, Mrs. LINCOLN, Mr. LEAHY, Mr. WYDEN, Ms. STABENOW, Mr. JOHNSON, Mr. KENNEDY, Mr. DORGAN, Mr. LIEBERMAN, Mrs. CLINTON, Mr. CHAFEE, and Mr. DODD):

S. 2181. A bill to amend title XIX of the Social Security Act to provide for an offset from the Medicaid clawback for State prescription drug expenditures for covered part D drugs for Medicare beneficiaries; to the Committee on Finance.

By Mr. ISAKSON:

S. 2182. A bill to terminate the Internal Revenue Code of 1986, and for other purposes; to the Committee on Finance.

By Mr. ROCKEFELLER (for himself, Mr. REID, Mrs. MURRAY, Mr. BINGAMAN, Mrs. LINCOLN, Mr. KENNEDY, Mrs. CLINTON, Mr. LAUTENBERG, Ms. STABENOW, Mr. DURBIN, Mr. KERRY, Mr. SCHUMER, Mr. PRYOR, Mr. LEAHY, Mr. DAYTON, Mr. JEFFORDS, Mr. HARKIN, Ms. MIKULSKI, Mr. JOHNSON, Ms. CANTWELL, Mr. AKAKA, Mr. LIEBERMAN, Mr. KOHL, Ms. LANDRIEU, Mr. SARBANES, and Mrs. BOXER):

S. 2183. A bill to provide for necessary beneficiary protections in order to ensure access to coverage under the Medicare part D prescription drug program; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. SANTORUM (for himself and Mr. KYL):

S. Res. 349. A resolution condemning the Government of Iran for violating the terms of the 2004 Paris Agreement, and expressing support for efforts to refer Iran to the United Nations Security Council for its noncompliance with International Atomic Energy Agency obligations; to the Committee on Foreign Relations.

By Mr. LEAHY (for himself and Mr. KENNEDY):

S. Res. 350. A resolution expressing the sense of the Senate that Senate Joint Resolution 23 (107th Congress), as adopted by the Senate on September 14, 2001, and subsequently enacted as the Authorization for Use of Military Force does not authorize warrantless domestic surveillance of United

States citizens; to the Committee on the Judiciary.

By Mr. BAYH:

S. Res. 351. A resolution responding to the threat posed by Iran's nuclear program; to the Committee on Foreign Relations.

By Mr. COLEMAN (for himself, Mr. SCHUMER, Mr. LAUTENBERG, Mr. ALLEN, Mr. DEWINE, Mr. BROWNBACK, Mr. NELSON of Nebraska, Mr. NELSON of Florida, and Mrs. FEINSTEIN):

S. Con. Res. 76. A concurrent resolution condemning the Government of Iran for its flagrant violations of its obligations under the Nuclear Non-Proliferation Treaty, and calling for certain actions in response to such violations; to the Committee on Foreign Relations.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REID (for himself, Mr. DURBIN, Ms. STABENOW, Mr. SCHUMER, Mr. AKAKA, Mr. BAUCUS, Mr. BAYH, Mr. BIDEN, Mr. BINGAMAN, Mrs. BOXER, Mr. CARPER, Mrs. CLINTON, Mr. CONRAD, Mr. DAYTON, Mr. DORGAN, Mr. FEINGOLD, Mr. HARKIN, Mr. JOHNSON, Mr. KENNEDY, Mr. KERRY, Mr. KOHL, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mr. MENENDEZ, Ms. MIKULSKI, Mrs. MURRAY, Mr. OBAMA, Mr. REED, Mr. ROCKEFELLER, Mr. SALAZAR, Mr. WYDEN, and Mr. INOUE):

S. 2180. A bill to provide more rigorous requirements with respect to disclosure and enforcement of ethics and lobbying laws and regulations, and for other purposes; to the Committee on

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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Homeland Security and Governmental Affairs.

Mr. REID. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2180

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Honest Leadership and Open Government Act of 2006”.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title and table of contents.

TITLE I—CLOSING THE REVOLVING DOOR

Sec. 101. Extension of lobbying ban for former Members and employees of Congress and executive branch officials.

Sec. 102. Elimination of floor privileges for former Member lobbyists.

Sec. 103. Disclosure by Members of Congress and senior congressional staff of employment negotiations.

Sec. 104. Ethics review of employment negotiations by executive branch officials.

Sec. 105. Wrongfully influencing a private entity's employment decisions or practices.

TITLE II—FULL PUBLIC DISCLOSURE OF LOBBYING

Sec. 201. Quarterly filing of lobbying disclosure reports.

Sec. 202. Electronic filing of lobbying disclosure reports.

Sec. 203. Additional lobbying disclosure requirements.

Sec. 204. Disclosure of paid efforts to stimulate grassroots lobbying.

Sec. 205. Disclosure of lobbying activities by certain coalitions and associations.

Sec. 206. Disclosure by registered lobbyists of past executive and congressional employment.

Sec. 207. Creation of a comprehensive public database of lobbying disclosure information.

Sec. 208. Conforming amendment.

TITLE III—RESTRICTING CONGRESSIONAL TRAVEL AND GIFTS

Sec. 301. Ban on gifts from lobbyists.

Sec. 302. Prohibition on privately funded travel.

Sec. 303. Prohibiting lobbyist organization and participation in congressional travel.

Sec. 304. Disclosure of noncommercial air travel.

Sec. 305. Per diem expenses for congressional travel.

TITLE IV—ENFORCEMENT OF LOBBYING RESTRICTIONS

Sec. 401. Senate Office of Public Integrity.

Sec. 402. Increased civil and criminal penalties for failure to comply with lobbying disclosure requirements.

Sec. 403. Penalty for false certification in connection with congressional travel.

Sec. 404. Mandatory annual ethics training for congressional employees.

TITLE V—OPEN GOVERNMENT

Sec. 501. Sense of the Senate on conference committee protocols.

Sec. 502. Actual voting required in conference committee meetings.

Sec. 503. Availability of conference reports on the internet.

TITLE I—CLOSING THE REVOLVING DOOR

SEC. 101. EXTENSION OF LOBBYING BAN FOR FORMER MEMBERS AND EMPLOYEES OF CONGRESS AND EXECUTIVE BRANCH OFFICIALS.

Section 207 of title 18, United States Code, is amended—

(1) in subsection (c)—

(A) in the subsection heading, by striking “One-year” and inserting “Two-year”;

(B) in paragraph (1), by striking “1 year” and inserting “2 years” in both places it appears; and

(C) in paragraph (2)(B), by striking “1-year period” and inserting “2-year period;”

(2) in subsection (d)—

(A) in paragraph (1), by striking “1 year” and inserting “2 years”; and

(B) in paragraph (2)(A), by striking “1 year” and inserting “2 years”; and

(3) in subsection (e)—

(A) in paragraph (1)(A), by striking “1 year” and inserting “2 years”; and

(B) in paragraph (2)(A), by striking “1 year” and inserting “2 years”; and

(C) in paragraph (3), by striking “1 year” and inserting “2 years”; and

(D) in paragraph (4), by striking “1 year” and inserting “2 years”; and

(E) in paragraph (5)(A), by striking “1 year” and inserting “2 years”; and

(F) in paragraph (6), by striking “1-year period” and inserting “2-year period”.

SEC. 102. ELIMINATION OF FLOOR PRIVILEGES FOR FORMER MEMBER LOBBYISTS.

Rule XXIII of the Standing Rules of the Senate is amended by inserting after “Ex-Senators and Senators elect” the following: “, except for any ex-Senator or Senator elect who is a registered lobbyist”.

SEC. 103. DISCLOSURE BY MEMBERS OF CONGRESS AND SENIOR CONGRESSIONAL STAFF OF EMPLOYMENT NEGOTIATIONS.

(a) SENATE.—Rule XXXVII of the Standing Rules of the Senate is amended by adding at the end the following:

“13. (a) A Member of the Senate or an employee of the Senate earning in excess of 75 percent of the salary paid to a Senator shall notify the Committee on Ethics that he or she is negotiating or has any arrangement concerning prospective private employment if a conflict of interest or the appearance of a conflict of interest may exist.

“(b) The disclosure and notification under subparagraph (a) shall be made within 3 business days after the commencement of such negotiation or arrangement.

“(c) A Member or employee to whom this rule applies shall recuse himself or herself from any matter in which there is a conflict of interest for that Member or employee under this rule and notify the Select Committee on Ethics of such recusal.

“(d)(1) The Select Committee on Ethics shall develop guidelines concerning conduct which is covered by this paragraph.

“(2) The Select Committee on Ethics shall maintain a current public record of all notifications received under subparagraph (a) and of all recusals under subparagraph (c).”.

SEC. 104. ETHICS REVIEW OF EMPLOYMENT NEGOTIATIONS BY EXECUTIVE BRANCH OFFICIALS.

Section 208 of title 18, United States Code, is amended—

(1) in subsection (b)(1)—

(A) by inserting after “the Government official responsible for appointment to his or her position” the following: “and the Office of Government Ethics”; and

(B) by striking “a written determination made by such official” and inserting “a writ-

ten determination made by the Office of Government Ethics, after consultation with such official.”; and

(2) in subsection (b)(3), by striking “the official responsible for the employee's appointment, after review of” and inserting “the Office of Government Ethics, after consultation with the official responsible for the employee's appointment and after review of”; and

(3) in subsection (d)(1)—

(A) by striking “Upon request” and all that follows through “Ethics in Government Act of 1978.” and inserting “In each case in which the Office of Government Ethics makes a determination granting an exemption under subsection (b)(1) or (b)(3) to a person, the Office shall, not later than 3 business days after making such determination, make available to the public pursuant to the procedures set forth in section 105 of the Ethics in Government Act of 1978, and publish in the Federal Register, such determination and the materials submitted by such person in requesting such exemption.”; and

(B) by striking “the agency may withhold” and inserting “the Office of Government Ethics may withhold”.

SEC. 105. WRONGFULLY INFLUENCING A PRIVATE ENTITY'S EMPLOYMENT DECISIONS OR PRACTICES.

(a) IN GENERAL.—Chapter 11 of title 18, United States Code, is amended by adding at the end the following:

“§ 226. Wrongfully influencing a private entity's employment decisions by a Member of Congress

“Whoever, being a Senator or Representative in, or a Delegate or Resident Commissioner to, the Congress or an employee of either House of Congress, with the intent to influence on the basis of partisan political affiliation an employment decision or employment practice of any private entity—

“(1) takes or withholds, or offers or threatens to take or withhold, an official act; or

“(2) influences, or offers or threatens to influence, the official act of another;

shall be fined under this title or imprisoned for not more than 15 years, or both, and may be disqualified from holding any office of honor, trust, or profit under the United States.”.

(b) NO INFERENCE.—Nothing in section 226 of title 18, United States Code, as added by this section, shall be construed to create any inference with respect to whether the activity described in section 226 of title 18, United States Code, was already a criminal or civil offense prior to the enactment of this Act, including sections 201(b), 201(c), and 216 of title 18, United States Code.

(c) CHAPTER ANALYSIS.—The chapter analysis for chapter 11 of title 18, United States Code, is amended by adding at the end the following:

“226. Wrongfully influencing a private entity's employment decisions by a Member of Congress.”.

(d) SENATE RULES.—Rule XLIII of the Standing Rules of the Senate is amended by adding at the end the following:

“6. No Member shall, with the intent to influence on the basis of partisan political affiliation an employment decision or employment practice of any private entity—

“(1) take or withhold, or offer or threaten to take or withhold, an official act; or

“(2) influence, or offer or threaten to influence, the official act of another.”.

TITLE II—FULL PUBLIC DISCLOSURE OF LOBBYING

SEC. 201. QUARTERLY FILING OF LOBBYING DISCLOSURE REPORTS.

(a) QUARTERLY FILING REQUIRED.—Section 5 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1604) is amended—

(1) in subsection (a)—
(A) by striking “Semiannual” and inserting “Quarterly”;

(B) by striking “the semiannual period” and all that follows through “July of each year” and insert “the quarterly period beginning on the first days of January, April, July, and October of each year”; and

(C) by striking “such semiannual period” and insert “such quarterly period”; and

(2) in subsection (b)—

(A) in the matter preceding paragraph (1), by striking “semiannual report” and inserting “quarterly report”;

(B) in paragraph (2), by striking “semiannual filing period” and inserting “quarterly period”;

(C) in paragraph (3), by striking “semiannual period” and inserting “quarterly period”; and

(D) in paragraph (4), by striking “semiannual filing period” and inserting “quarterly period”.

(b) CONFORMING AMENDMENTS.—

(1) DEFINITION.—Section 3(10) of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1602) is amended by striking “six month period” and inserting “three-month period”.

(2) REGISTRATION.—Section 4 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1603) is amended—

(A) in subsection (a)(3)(A), by striking “semiannual period” and inserting “quarterly period”; and

(B) in subsection (b)(3)(A), by striking “semiannual period” and inserting “quarterly period”.

(3) ENFORCEMENT.—Section 6 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1605) is amended in paragraph (6) by striking “semiannual period” and inserting “quarterly period”.

(4) ESTIMATES.—Section 15 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1610) is amended—

(A) in subsection (a)(1), by striking “semiannual period” and inserting “quarterly period”; and

(B) in subsection (b)(1), by striking “semiannual period” and inserting “quarterly period”.

(5) DOLLAR AMOUNTS.—

(A) Section 4 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1603) is amended—

(i) in subsection (a)(3)(A)(i), by striking “\$5,000” and inserting “\$2,500”;

(ii) in subsection (a)(3)(A)(ii), by striking “\$20,000” and inserting “\$10,000”;

(iii) in subsection (b)(3)(A), by striking “\$10,000” and inserting “\$5,000”; and

(iv) in subsection (b)(4), by striking “\$10,000” and inserting “\$5,000”.

(B) Section 5 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1604) is amended—

(i) in subsection (c)(1), by striking “\$10,000” and “\$20,000” and inserting “\$5,000” and “\$10,000”, respectively; and

(ii) in subsection (c)(2), by striking “\$10,000” both places such term appears and inserting “\$5,000”.

SEC. 202. ELECTRONIC FILING OF LOBBYING DISCLOSURE REPORTS.

Section 5 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1604) is amended by adding at the end the following:

“(d) ELECTRONIC FILING REQUIRED.—A report required to be filed under this section shall be filed in electronic form, in addition to any other form that may be required by the Secretary of the Senate or the Clerk of the House of Representatives. The Secretary of the Senate and the Clerk of the House of Representatives shall provide for public access to such reports on the Internet.”.

SEC. 203. ADDITIONAL LOBBYING DISCLOSURE REQUIREMENTS.

(a) DISCLOSURE OF CONTRIBUTIONS AND PAYMENTS.—Section 5(b) of the Lobbying Dis-

closure Act of 1995 (2 U.S.C. 1604(b)) is amended—

(1) in paragraph (5), as added by section 204(c), by striking the period and inserting a semicolon; and

(2) by adding at the end the following:

“(6) for each registrant (and for any political committee, as defined in section 301(4) of the Federal Election Campaign Act of 1971 (2 U.S.C. 431(4)), affiliated with such registrant) and for each employee listed as a lobbyist by a registrant under paragraph 2(C), the name of each Federal candidate or officeholder, leadership PAC, or political party committee, to whom a contribution was made, and the amount of such contribution; and

“(7) a certification that the lobbying firm or registrant has not provided, requested, or directed a gift, including travel, to a Member or employee of Congress in violation of rule XXXV of the Standing Rules of the Senate.”.

(b) LEADERSHIP PAC.—Section 3 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1602) is amended by adding at the end the following:

“(17) LEADERSHIP PAC.—The term ‘leadership PAC’ means an unauthorized multicandidate political committee that is established, financed, maintained, and controlled by an individual who is a Federal officeholder or a candidate for Federal office.”.

(c) FULL AND DETAILED ACCOUNTING.—Section 5(c)(1) of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1604(c)(1)) is amended by striking “shall be rounded to the nearest \$20,000” and inserting “shall be rounded to the nearest \$1,000”.

SEC. 204. DISCLOSURE OF PAID EFFORTS TO STIMULATE GRASSROOTS LOBBYING.

(a) DISCLOSURE OF PAID EFFORTS TO STIMULATE GRASSROOTS LOBBYING.—Section 3 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1602) is amended—

(1) in paragraph (7), by adding at the end the following: “Lobbying activities include paid efforts to stimulate grassroots lobbying, but do not include grassroots lobbying.”; and

(2) by adding at the end the following:

“(18) GRASSROOTS LOBBYING.—The term ‘grassroots lobbying’ means the voluntary efforts of members of the general public to communicate their own views on an issue to Federal officials or to encourage other members of the general public to do the same.

“(19) PAID EFFORTS TO STIMULATE GRASSROOTS LOBBYING.—The term ‘paid efforts to stimulate grassroots lobbying’—

“(A) means any paid attempt to influence the general public, or segments thereof, to engage in grassroots lobbying or lobbying contacts; and

“(B) does not include any attempt described in subparagraph (A) by a person or entity directed to its members, employees, officers or shareholders, unless such attempt is financed with funds directly or indirectly received from or arranged by a lobbyist or other registrant under this Act retained by another person or entity.

“(20) GRASSROOTS LOBBYING FIRM.—The term ‘grassroots lobbying firm’ means a person or entity that—

“(A) is retained by 1 or more clients to engage in paid efforts to stimulate grassroots lobbying on behalf of such clients; and

“(B) receives income of, or spends or agrees to spend, an aggregate of \$50,000 or more for such efforts in any quarterly period.”.

(b) REGISTRATION.—Section 4(a) of the Act (2 U.S.C. 1603(a)) is amended—

(1) in paragraph (1), by striking “45” and inserting “20”;

(2) in the flush matter at the end of paragraph (3)(A)—

(A) by striking “as estimated” and inserting “as included”; and

(B) by adding at the end the following: “For purposes of clauses (i) and (ii) the term

‘lobbying activities’ shall not include paid efforts to stimulate grassroots lobbying.”;

(3) by redesignating paragraph (3) as paragraph (4); and

(4) by inserting after paragraph (2) the following:

“(3) GRASSROOTS LOBBYING FIRMS.—Not later than 20 days after a grassroots lobbying firm first is retained by a client to engage in paid efforts to stimulate grassroots lobbying, such grassroots lobbying firm shall register with the Secretary of the Senate and the Clerk of the House of Representatives.”.

(c) SEPARATE ITEMIZATION OF PAID EFFORTS TO STIMULATE GRASSROOTS LOBBYING.—Section 5(b) of the Act (2 U.S.C. 1604(b)) is amended—

(1) in paragraph (3), by—

(A) inserting after “total amount of all income” the following: “(including a separate good faith estimate of the total amount relating specifically to paid efforts to stimulate grassroots lobbying and, within that amount, a good faith estimate of the total amount specifically relating to paid advertising)”;

(B) striking “and” after the semicolon;

(2) in paragraph (4), by—

(A) inserting after “total expenses” the following: “(including a good faith estimate of the total amount relating specifically to paid efforts to stimulate grassroots lobbying and, within that total amount, a good faith estimate of the total amount specifically relating to paid advertising)”;

(B) striking the period and inserting a semicolon;

(3) by adding at the end the following:

“(5) in the case of a grassroots lobbying firm, for each client—

“(A) a good faith estimate of the total disbursements made for grassroots lobbying activities, and a subtotal for disbursements made for grassroots lobbying through paid advertising;

“(B) identification of each person or entity other than an employee who received a disbursement of funds for grassroots lobbying activities of \$10,000 or more during the period and the total amount each person or entity received; and

“(C) if such disbursements are made through a person or entity who serves as an intermediary or conduit, identification of each such intermediary or conduit, identification of the person or entity who receives the funds, and the total amount each such person or entity received.”; and

(4) by adding at the end the following:

“(Subparagraphs (B) and (C) of paragraph (2) shall not apply with respect to reports relating to paid efforts to stimulate grassroots lobbying activities.”.

(d) LARGE GRASSROOTS EXPENDITURE.—Section 5(a) of the Act (2 U.S.C. 1604(a)) is amended—

(1) by striking “No later” and inserting:

“(1) IN GENERAL.—Except as provided in paragraph (2), not later”; and

(2) by adding at the end the following:

“(2) LARGE GRASSROOTS EXPENDITURE.—A registrant that is a grassroots lobbying firm and that receives income of, or spends or agrees to spend, an aggregate amount of \$250,000 or more on paid efforts to stimulate grassroots lobbying for a client, or for a group of clients for a joint effort, shall file—

“(A) a report under this section not later than 20 days after receiving, spending, or agreeing to spend that amount; and

“(B) an additional report not later than 20 days after each time such registrant receives income of, or spends or agrees to spend, an aggregate amount of \$250,000 or more on paid efforts to stimulate grassroots lobbying for a client, or for a group of clients for a joint effort.”.

SEC. 205. DISCLOSURE OF LOBBYING ACTIVITIES BY CERTAIN COALITIONS AND ASSOCIATIONS.

(a) IN GENERAL.—Section 4(b)(3)(B) of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1603(b)(3)(B)) is amended to read as follows:

“(B) participates in the planning, supervision or control of such lobbying activities”;

(b) NO DONOR OR MEMBERSHIP LIST DISCLOSURE.—Section 4(b) of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1603(b)) is amended by adding at the end the following:

“No disclosure is required under paragraph (3)(B) if it is publicly available knowledge that the organization that would be identified is affiliated with the client or has been publicly disclosed to have provided funding to the client, unless the organization in whole or in major part plans, supervises or controls such lobbying activities. Nothing in paragraph (3)(B) shall be construed to require the disclosure of any information about individuals who are members of, or donors to, an entity treated as a client by this Act or an organization identified under that paragraph.”.

SEC. 206. DISCLOSURE BY REGISTERED LOBBYISTS OF PAST EXECUTIVE AND CONGRESSIONAL EMPLOYMENT.

Section 4(b)(6) of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1603(b)(6)) is amended by striking “or a covered legislative branch official” and all that follows through “as a lobbyist on behalf of the client,” and inserting “or a covered legislative branch official.”.

SEC. 207. CREATION OF A COMPREHENSIVE PUBLIC DATABASE OF LOBBYING DISCLOSURE INFORMATION.

(a) DATABASE REQUIRED.—Section 6 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1605) is amended—

(1) in paragraph (7), by striking “and” at the end;

(2) in paragraph (8), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following new paragraph:

“(9) maintain, and make available to the public over the Internet, without a fee or other access charge, in a searchable and downloadable manner, an electronic database that includes the information contained in registrations and reports filed under this Act.”.

(b) AVAILABILITY OF REPORTS.—Section 6(4) of the Lobbying Disclosure Act of 1995 is amended by inserting before the semicolon at the end the following: “and, in the case of a report filed in electronic form pursuant to section 5(d), shall make such report available for public inspection over the Internet not more than 48 hours after the report is so filed”.

(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out section 6(9) of the Lobbying Disclosure Act of 1995, as added by subsection (a).

SEC. 208. CONFORMING AMENDMENT.

The requirements of this Act shall not apply to the activities of any political committee described in section 301(4) of the Federal Election Campaign Act of 1971.

TITLE III—RESTRICTING CONGRESSIONAL TRAVEL AND GIFTS

SEC. 301. BAN ON GIFTS FROM LOBBYISTS.

(a) IN GENERAL.—Paragraph 1(a)(2) of rule XXXV of the Standing Rules of the Senate is amended by adding at the end the following: “This clause shall not apply to a gift from a lobbyist.”.

(b) RULES COMMITTEE REVIEW.—The Committee on Rules and Administration shall review the present exceptions to the Senate gift rule and make recommendations to the

Senate not later than 3 months after the date of enactment of this Act on eliminating all but those which are absolutely necessary to effectuate the purpose of the rule.

SEC. 302. PROHIBITION ON PRIVATELY FUNDED TRAVEL.

Paragraph 2(a)(1) of rule XXXV of the Standing Rules of the Senate is amended by striking “an individual” and inserting “an organization recognized under section 501(c)(3) of the Internal Revenue Code of 1986 that is not affiliated with any group that lobbies before Congress”.

SEC. 303. PROHIBITING LOBBYIST ORGANIZATION AND PARTICIPATION IN CONGRESSIONAL TRAVEL.

(a) IN GENERAL.—Paragraph 2 of rule XXXV of the Standing Rules of the Senate is amended by adding at the end the following:

“(g) A Member, officer, or employee may not accept transportation or lodging on any trip sponsored by an organization recognized under section 501(c)(3) of the Internal Revenue Code of 1986 covered by this paragraph that is planned, organized, requested, arranged, or financed in whole, or in part by a lobbyist or foreign agent, or in which a lobbyist participates.

“(h) Before a Member, officer, or employee may accept transportation or lodging otherwise permissible under this paragraph from any person, such Member, officer, or employee shall obtain a written certification from such person (and provide a copy of such certification to the Select Committee on Ethics) that—

“(1) the trip was not planned, organized, requested, arranged, or financed in whole, or in part by a registered lobbyist or foreign agent and was not organized at the request of a registered lobbyist or foreign agent;

“(2) registered lobbyists will not participate in or attend the trip; and

“(3) the person did not accept, from any source, funds specifically earmarked for the purpose of financing the travel expenses.

The Select Committee on Ethics shall make public information received under this subparagraph as soon as possible after it is received.”.

(b) CONFORMING AMENDMENTS.—Paragraph 2(c) of rule XXXV of the Standing Rules of the Senate is amended—

(1) by striking “of expenses reimbursed or to be reimbursed”;

(2) in clause (5), by striking “and” after the semicolon;

(3) in clause (6), by striking the period and inserting “; and”; and

(4) by adding at the end the following:

“(7) a description of meetings and events attended during such travel, except when disclosure of such information is deemed by the Member or supervisor under whose direct supervision the employee works to jeopardize the safety of an individual or otherwise interfere with the official duties of the Member, officer, or employee.”.

(c) PUBLIC AVAILABILITY.—Paragraph 2(e) of rule XXXV is amended to read as follows:

“(e) The Secretary of the Senate shall make available to the public all advance authorizations, certifications, and disclosures filed pursuant to subparagraphs (a) and (h) as soon as possible after they are received.”.

SEC. 304. DISCLOSURE OF NONCOMMERCIAL AIR TRAVEL.

A Member, officer, or employee of the Senate shall—

(1) disclose a flight on an aircraft that is not licensed by the Federal Aviation Administration to operate for compensation or hire, taken in connection with the duties of the Member, officer, or employee as an officeholder or Senate officer or employee; and

(2) with respect to the flight, file a report with the Secretary of the Senate, including

the date, destination, and owner or lessee of the aircraft and the purpose of the trip.

SEC. 305. PER DIEM EXPENSES FOR CONGRESSIONAL TRAVEL.

(a) SENATE.—Rule XXXV of the Standing Rules of the Senate is amended by adding at the end the following:

“7. Not later than 90 days after the date of adoption of this paragraph and at annual intervals thereafter, the Committee on Rules and Administration shall develop and revise, as necessary, guidelines on what constitutes ‘reasonable expenses’ or ‘reasonable expenditures’ for purposes of this rule. In developing and revising the guidelines, the committee shall take into account the maximum per diem rates for official Government travel published annually by the General Services Administration, the Department of State, and the Department of Defense.”.

TITLE IV—ENFORCEMENT OF LOBBYING RESTRICTIONS

SEC. 401. SENATE OFFICE OF PUBLIC INTEGRITY.

(a) ESTABLISHMENT.—There is established in the Senate an office to be known as the “Senate Office of Public Integrity” (referred to in this section as the “Office”), which shall be headed by a Senate Director of Public Integrity (hereinafter referred to as the “Director”).

(b) OFFICE.—The Office shall receive lobbyists’ disclosures on behalf of the Senate under the Lobbying Disclosure Act of 1995 and conduct such audits and investigations as are necessary to ensure compliance with the Act.

(c) REFERRAL AUTHORITY.—The Office shall have authority to refer violations of the Lobbying Disclosure Act of 1995 to the Select Committee on Ethics and the Department of Justice for disciplinary action.

(d) DIRECTOR.—

(1) IN GENERAL.—The Director shall be appointed by the President pro tempore of the Senate from among recommendations submitted by the majority and minority leaders of the Senate. Any appointment made under this subsection shall be made without regard to political affiliation and solely on the basis of fitness to perform the duties of the position. Any person appointed as Director shall be learned in the law, a member of the bar of a State or the District of Columbia, and shall not engage in any other business, vocation, or employment during the term of such appointment.

(2) OVERSIGHT.—The Director shall report to a joint leadership group consisting of the President pro tempore, the Majority Leader, and the Minority Leader.

(3) TERMS OF SERVICE.—Any appointment made under paragraph (1) shall become effective upon approval by resolution of the Senate. The Director shall be appointed for a term of service which shall expire at the end of the Congress following the Congress during which the Director is appointed except that the Senate may, by resolution, remove Director prior to the termination of any term of service. The Director may be reappointed at the termination of any term of service.

(4) COMPENSATION.—The Director shall receive compensation at a rate equal to the annual rate of basic pay for level III of the Executive Schedule under section 5314 of title 5, United States Code.

(5) STAFF.—The Director shall hire such additional staff as are required to carry out this section, including investigators and accountants.

(e) AUDITS AND INVESTIGATIONS.—

(1) IN GENERAL.—The Office shall audit lobbying registrations and reports filed pursuant to the Lobbying Disclosure Act of 1995 to determine the extent of compliance or non-compliance with the requirements of such Act by lobbyists and their clients.

(2) EVIDENCE OF NON-COMPLIANCE.—If in the course an audit conducted pursuant to the requirements of paragraph (1), the Office obtains information indicating that a person or entity may be in non-compliance with the requirements of the Lobbying Disclosure Act of 1995, the Office shall refer the matter to the Select Committee on Ethics or the United States Attorney for the District of Columbia, as appropriate.

(f) TRANSFER OF RECORDS.—On the date that is 90 days after the date of enactment of this Act, the Office of Public Records of the Senate shall transfer all authority and records of that office to the Senate Office of Public Integrity.

(g) CONFORMING AMENDMENTS.—

(1) NEW OFFICE.—Section 6 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1605) is amended by striking “Secretary of the Senate” and inserting “Senate Office of Public Integrity”.

(2) AUDIT AUTHORITY.—Section 8 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1607) is amended by striking subsection (c).

(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated in a separate account such sums as are necessary to carry out this section.

SEC. 402. INCREASED CIVIL AND CRIMINAL PENALTIES FOR FAILURE TO COMPLY WITH LOBBYING DISCLOSURE REQUIREMENTS.

Section 7 of the Lobbying Disclosure Act of 1995 (2 U.S.C. 1606) is amended—

(1) by inserting “(a) CIVIL PENALTY.—” before “Whoever”;

(2) by striking “\$50,000” and inserting “\$100,000”; and

(3) by adding at the end the following:

“(b) CRIMINAL PENALTY.—

“(1) IN GENERAL.—Whoever knowingly and wilfully fails to comply with any provision of this section shall be imprisoned for not more than 5 years, or fined under title 18, United States Code, or both.

“(2) CORRUPTLY.—Whoever knowingly, wilfully, and corruptly fails to comply with any provision of this section shall be imprisoned for not more than 10 years, or fined under title 18, United States Code, or both.”.

SEC. 403. PENALTY FOR FALSE CERTIFICATION IN CONNECTION WITH CONGRESSIONAL TRAVEL.

(a) CIVIL FINE.—

(1) IN GENERAL.—Whoever makes a false certification in connection with the travel of a Member, officer, or employee of either House of Congress (within the meaning given those terms in section 207 of title 18, United States Code), under paragraph 2(h) of rule XXXV of the Standing Rules of the Senate, shall, upon proof of such offense by a preponderance of the evidence, be subject to a civil fine depending on the extent and gravity of the violation.

(2) MAXIMUM FINE.—The maximum fine per offense under this section depends on the number of separate trips in connection with which the person committed an offense under this subsection, as follows:

(A) FIRST TRIP.—For each offense committed in connection with the first such trip, the amount of the fine shall be not more than \$100,000 per offense.

(B) SECOND TRIP.—For each offense committed in connection with the second such trip, the amount of the fine shall be not more than \$300,000 per offense.

(C) ANY OTHER TRIPS.—For each offense committed in connection with any such trip after the second, the amount of the fine shall be not more than \$500,000 per offense.

(3) ENFORCEMENT.—The Attorney General may bring an action in United States district court to enforce this subsection.

(b) CRIMINAL PENALTY.—

(1) IN GENERAL.—Whoever knowingly and wilfully fails to comply with any provision of

this section shall be imprisoned for not more than 5 years, or fined under title 18, United States Code, or both.

(2) CORRUPTLY.—Whoever knowingly, wilfully, and corruptly fails to comply with any provision of this section shall be imprisoned for not more than 10 years, or fined under title 18, United States Code, or both.

SEC. 404. MANDATORY ANNUAL ETHICS TRAINING FOR CONGRESSIONAL EMPLOYEES.

(a) ETHICS TRAINING.—

(1) IN GENERAL.—The Committee on Ethics shall provide annual ethics training to each employee of the Senate which shall include knowledge of the Official Code of Conduct and related Senate rules.

(2) SECRETARY OF THE SENATE.—The Secretary of the Senate shall assist the Committee on Ethics in providing training required by this subsection.

(3) NEW EMPLOYEES.—A new employee of the Senate shall receive training under this section not later than 60 days after beginning service to the Senate.

(b) CERTIFICATION.—Not later than January 31 of each year, each employee of the Senate shall file a certification with the Committee on Ethics that the employee attended ethics training in the last year as established by this section.

TITLE V—OPEN GOVERNMENT

SEC. 501. SENSE OF THE SENATE ON CONFERENCE COMMITTEE PROTOCOLS.

It is the sense of Senate that—

(1) conference committees should hold regular, formal meetings of all conferees that are open to the public;

(2) all conferees should be given adequate notice of the time and place of all such meetings;

(3) all conferees should be afforded an opportunity to participate in full and complete debates of the matters that such conference committees may recommend to their respective Houses;

(4) all matters before a conference committee should be resolved in conference by votes on the public record; and

(5) existing rules should be enforced and new rules adopted in the Senate to shine the light on special interest legislation that is enacted in the dead of night..

SEC. 502. ACTUAL VOTING REQUIRED IN CONFERENCE COMMITTEE MEETINGS.

Rule XXVIII of the Standing Rules of the Senate is amended by adding at the end the following:

“8. Each Senate member of a conference committee shall be afforded an opportunity at an open meeting of the conference to vote on the full text of the proposed report of the conference.”.

SEC. 503. AVAILABILITY OF CONFERENCE REPORTS ON THE INTERNET.

Rule XXVIII of all the Standing Rules of the Senate is amended by adding at the end the following:

“9. It shall not be in order in the Senate to consider a conference report unless such report is available to all Members and made available to the general public by means of the Internet for at least 24 hours before its consideration.”.

By Mr. LAUTENBERG (for himself, Ms. SNOWE, Mr. SCHUMER, Mr. COLEMAN, Mrs. FEINSTEIN, Mr. PRYOR, Mr. DEWINE, Mrs. BOXER, Mr. MENENDEZ, Ms. COLLINS, Mr. DAYTON, Mr. REED, Mr. JEFFORDS, Mrs. LINCOLN, Mr. LEAHY, Mr. WYDEN, Ms. STABENOW, Mr. JOHNSON, Mr. KENNEDY, Mr. DORGAN, Mr. LIEBERMAN, Mrs. CLINTON, Mr. CHAFEE, and Mr. DODD):

S. 2181. A bill to amend title XIX of the Social Security Act to provide for an offset from the Medicaid clawback for State prescription drug expenditures for covered part D drugs for Medicare beneficiaries; to the Committee on Finance.

Mr. LAUTENBERG. Mr. President, I rise to introduce the Medicare State Reimbursement Act along with my colleagues, Senators SNOWE, SCHUMER, COLEMAN, FEINSTEIN, PRYOR, DEWINE, BOXER, MENENDEZ, COLLINS, DAYTON, REED, JEFFORDS, LINCOLN, LEAHY, WYDEN, STABENOW, JOHNSON, KENNEDY, DORGAN, LIEBERMAN, CLINTON, CHAFEE and DODD.

There have been many difficulties surrounding implementation of the Medicare prescription drug benefit, however, few have experienced the severity of the problems that those who are dually eligible for both Medicare and Medicaid have faced.

“Dual Eligibles” are the Nation’s poorest seniors and the disabled. Many suffer from multiple, chronic, debilitating conditions and on average take between five and ten medications per day. Missing even one dose of medication could result in a life threatening situation.

Across America, countless beneficiaries who tried to have their prescriptions filled for the first time under the new system were told that their enrollment could not be verified, their drugs were not covered, or they would be charged larger co-payments or deductibles than they could afford. As a result, many were at risk of not receiving lifesaving prescription drugs.

Regardless of how Senators voted on the Medicare Drug bill, I think all Senators can agree on one thing: the flaws in the startup of this program are unacceptable.

Fortunately, a number of States including New Jersey have taken actions to help those who have experienced problems with access to medications under the new prescription drug benefit. As of Wednesday this week, New Jersey had already spent \$16.6 million dollars.

Congress has been asking the Centers for Medicare and Medicaid Services whether New Jersey and other States will be paid back for its expenditures. The answers we have gotten so far are not satisfactory.

That is why we need to legislate on this issue. It must be crystal clear to the Federal Government that it needs to repay these States that are bailing them out.

Accordingly, I am introducing emergency legislation today that will reimburse States for the cost they have incurred for filling this unanticipated gap in coverage.

Specifically, this legislation would: require the Federal Government to reimburse the states for the cost of prescriptions for low income seniors and people with disabilities (“dual eligibles”) who were eligible for coverage under Medicare Part D, but were improperly denied Federal coverage.

Reimburse states through an equivalent reduction in funds owed by each state under the "claw back" provision of the new Medicare law.

Reimbursement will be at a rate equal to 100 percent of all State costs plus an interest rate equal to the market rate on 3-month Treasury Securities plus 0.1 percent.

Directs the Secretary of HHS to recover overpayments by states to private prescription drug plans and return that money to the Medicare Trust Fund.

This is not just about access to the Federal entitlement program—it's about life and death.

I urge my colleagues on both sides of the aisle to support this legislation and move for its immediate passage.

I ask unanimous consent that the text of the bill be printed in the RECORD.

S. 2181

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Medicare State Reimbursement Act of 2006".

SEC. 2. FEDERAL RESPONSIBILITY FOR STATE PRESCRIPTION DRUG EXPENDITURES FOR COVERED PART D DRUGS FOR MEDICARE BENEFICIARIES.

Section 1935(c) of the Social Security Act (42 U.S.C. 1396v(c)) is amended—

(1) in paragraph (1)(A), by striking "Each of the 50 States" and inserting "Subject to paragraph (7), each of the 50 States"; and

(2) by adding at the end the following new paragraph:

"(7) OFFSET FOR STATE PRESCRIPTION DRUG EXPENDITURES FOR COVERED PART D DRUGS FOR MEDICARE BENEFICIARIES.—

"(A) IN GENERAL.—The amount of payment for a month (beginning with January 2006) under paragraph (1) shall be reduced by an amount equal to the sum of—

"(i) the amount (as documented by the State) that the State expended during the month for payment for covered part D drugs for part D eligible individuals who are enrolled in a prescription drug plan under part D of title XVIII but were unable to access on a timely basis prescription drug benefits to which they were entitled under such plan; and

"(ii) interest on such amount (for the period beginning on the day after the date on which an expenditure described in subparagraph (A) is made and ending on the date on which payment is made under paragraph (1)) at a rate equal to the weighted average of interest on 3-month marketable Treasury securities determined for such period, increased by 0.1 percentage point.

"(B) RECOVERY OF REDUCED PAYMENT FROM PRESCRIPTION DRUG PLANS.—The Secretary shall provide for recovery of payment reductions made under subparagraph (A) from those prescription drug plans under part D of title XVIII or MA-PD plans under part C of such title that would otherwise be responsible for the expenditures described in subparagraph (A)(i). Any such amounts recovered shall be deposited into the Medicare Prescription Drug Account in the Federal Supplementary Medical Insurance Trust Fund."

Ms. SNOWE. Mr. President, I am pleased to join with Senator LAUTENBERG today to introduce urgent legislation to assist the many States which

have stepped forward to provide an essential safety net to our Medicare Part D beneficiaries. Our States have acted as "payers of last resort"—as beneficiaries faced unaffordable costs when errors in implementing their coverage denied them access to vital medications. The Medicare State Reimbursement Act will reimburse our States for their costs in assuring that millions receive their medications. So many of our colleagues have recognized the crisis which was averted—Senators COLEMAN, SCHUMER, DEWINE, FEINSTEIN, COLLINS, JEFFORDS and many more have joined us in this bipartisan effort to support the States in the vital role they have played in countering a deficit of action by the Federal bureaucracy.

The introduction of the prescription drug benefit is a landmark step in the progress of Medicare. This benefit will save the average senior about \$1,000 per year. This is the relief that millions have needed for so long. It must eliminate the terrible choices so many have had to make between vital medications and the other essentials of life—not create new dilemmas.

As we worked to ensure a prescription drug benefit, many of us worked hard to assure special help to those with the most limited resources. We enacted a benefit which provided additional help for those on limited incomes, including millions who rely on both Medicare and Medicaid—our "dual eligibles". It was essential that these individuals would see uninterrupted coverage of their essential medications. So we needed to ensure each would be enrolled in a drug plan. To do this, the Centers for Medicare and Medicaid Services, CMS, randomly assigned each of them to a plan. In a program based on competition—based on choices—plans are going to differ. To find the best plan, one must make an educated choice, not a random assignment.

So the result of random assignment was predictable. Many beneficiaries wound up in plans which did not cover their drugs. My State of Maine immediately stepped forward to work to assure that every beneficiary was matched with the plan which best met their needs. As plans were reviewed, my State found a third of those reviewed—15,000 beneficiaries—were not enrolled in the most appropriate drug plan. Getting each into the plan that met their medication requirements was essential to meeting their needs.

Despite these best efforts to improve the situation, some beneficiaries were not in a plan at all, while others were in plans which seemed not to understand that every beneficiary was to be allowed a refill of their existing medications. So as beneficiaries came to their local pharmacies to get prescription refills, many faced great obstacles in getting the drugs they needed. We had heard of some problems in validating enrollment eligibility, but at year end, these just became worse, and

we found beneficiaries were not properly enrolled, plans were not giving the proper transition refills, and co-payments charged were often excessive. As individual faced co-payments of \$100 or more—instead of the \$5 or less they should have been charged—many simply couldn't afford their medications. Thankfully, our States have stepped in to make sure low income seniors received their medications. In Maine alone, approximately \$5 million in assistance has been given to ensure medications are dispensed.

This drug benefit must increase access, not make it more difficult. I am appalled, that with all the technology we have, so many have faced such difficulties in the implementation of this benefit. I salute the forbearance of our pharmacies, as they strived to meet essential needs, and the efforts of my State and others which have assured that these most vulnerable Americans not suffer from the failures of either the Federal bureaucracy or the plan administrators.

So what this legislation does is simple. It authorizes CMS to reimburse the States their costs which they paid for providing medications to those who did not receive the benefits to which they were entitled. It does this by a simple mechanism: an adjustment in the "claw back" payments which States make as their contribution for their dual eligibles. Accordingly, CMS is authorized to collect those funds from those who were obligated to serve our beneficiaries—the drug plans and managed care plans which deliver the drug benefit.

It has been confirmed that CMS does not presently have this authority, and it simply is not acceptable to propose that CMS will simply help the States collect from the plans. It was CMS which approved the plans, and it is CMS which administers Part D. They are in the best position to assure plan compliance.

I look forward to prompt consideration of this legislation, and look forward to continuing work with my colleagues to assure that the Medicare drug benefit meets the needs of all our beneficiaries, and that none of our most vulnerable citizens should suffer from such administrative failures as we have seen here.

I call on my colleagues to join us in assuring our States are justly compensated.

Mrs. FEINSTEIN. Mr. President, I am pleased to join with Senators LAUTENBERG, SNOWE, SCHUMER, COLEMAN and many others to introduce legislation to reimburse States for prescription drug expenses they have incurred for their residents who are dually eligible for Medicare and Medicaid. States have had no other option but to step in and ensure seniors can still get their drugs because the implementation of the new Medicare drug benefit has been so poorly handled by the Bush administration.

The faulty implementation of the new drug benefit has caused a major

health emergency in California and States across the country, particularly for seniors with chronic and debilitating diseases who rely on multiple medications every day to keep them alive.

It is incomprehensible to me that with all the money and time given to the Centers for Medicare and Medicaid Services, CMS, to implement this new drug benefit, stories emerge every day of seniors and disabled individuals being hospitalized because they are being told they have to pay hundreds of dollars for their medications which they cannot afford and thus don't take.

Because of severe glitches in the database run by CMS, these individuals are leaving pharmacies without their medications or are making undue sacrifices to pay for costs they should not have incurred in the first place.

So far, more than 24 States and the District of Columbia have stepped in to say they will cover the cost of prescription drugs for their residents who are dually eligible for Medicare and Medicaid and who cannot access lifesaving and life sustaining drugs as a result of Federal incompetence.

Earlier this week, the Governor of California and California's State legislative leaders announced a plan to make \$150 million available for 30 days to cover drug costs for dual eligible individuals who have fallen through the system. In California, these individuals account for more than 1 million of the State's 4 million total Medicare recipients.

Problems with the Bush administration's implementation of the drug benefit have cost California \$5.5 million to fill 63,000 prescriptions, as of January 18. I have no doubt these costs are just the beginning.

Unless these significant implementation errors are fixed immediately, the new drug benefit amounts to a massive unfunded mandate. The Bush administration must reimburse States, in full, for the drug costs they have absorbed as a result of major implementation errors that occurred on their watch.

The legislation I am introducing today with Senators LAUTENBERG, SNOWE, SCHUMER and COLEMAN will ensure that States are repaid in full by the Federal Government for all costs associated with prescription drugs for dual eligible individuals. The States did not create the crisis felt by our Nation's poorest and most vulnerable seniors and disabled and the States should not be responsible for costs associated with a Federal program that was intended to provide these individuals with comprehensive prescription drug coverage at little or no cost.

It is simply unacceptable for the Bush administration to tell States and the Congress not to worry because the private health insurance plans will reimburse States for the costs they've incurred. States should not be made to wait to be reimbursed because of implementation foul-ups caused by CMS.

I urge my colleagues to support this legislation.

By Mr. ROCKEFELLER (for himself, Mr. REID) Mrs. MURRAY, Mr. BINGAMAN, Mrs. LINCOLN, Mr. KENNEDY, Mrs. CLINTON, Mr. LAUTENBERG, Ms. STABENOW, Mr. DURBIN, Mr. KERRY, Mr. SCHUMER, Mr. PRYOR, Mr. LEAHY, Mr. DAYTON, Mr. JEFFORDS, Mr. HARKIN, Ms. MIKULSKI, Mr. JOHNSON, Ms. CANTWELL, Mr. AKAKA, Mr. LIEBERMAN, Mr. KOHL, Ms. LANDRIEU, Mr. SARBANES, and Mrs. BOXER):

S. 2183. A bill to provide for necessary beneficiary protections in order to ensure access to coverage under the Medicare part D prescription drug program; to the Committee on Finance.

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2183

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Requiring Emergency Pharmaceutical Access for Individual Relief (REPAIR) Act of 2006".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Transition requirements.
- Sec. 3. Federal fallback for full-benefit dual eligible individuals for 2006.
- Sec. 4. Identifying full-benefit dual eligible individuals in data records.
- Sec. 5. Prohibition on conditioning Medicaid eligibility for individuals enrolled in certain creditable prescription drug coverage on enrollment in the Medicare part D drug program.
- Sec. 6. Ensuring that full-benefit dual eligible individuals are not overcharged.
- Sec. 7. Reimbursement of States for 2006 transition costs.
- Sec. 8. Facilitation of identification and enrollment through pharmacies of full-benefit dual eligible individuals in the Medicare part D drug program.
- Sec. 9. State health insurance program assistance regarding the new Medicare prescription drug benefit.
- Sec. 10. Additional Medicare part D informational resources.
- Sec. 11. GAO study and report on the imposition of co-payments under part D for full-benefit dual eligible individuals residing in a long-term care facility.
- Sec. 12. State coverage of non-formulary prescription drugs for full-benefit dual eligible individuals during 2006.
- Sec. 13. Protection for full-benefit dual eligible individuals from plan termination prior to receiving functioning access in a new part D plan.

SEC. 2. TRANSITION REQUIREMENTS.

(a) REQUIREMENT.—

(1) IN GENERAL.—Section 1860D-4(b) of the Social Security Act (42 U.S.C. 1395w-104(b)) is amended by adding at the end the following new paragraph:

"(4) FORMULARY TRANSITION.—The sponsor of a prescription drug plan is required to provide at least a 30-day supply of any drug that a new enrollee in the plan was taking prior to enrolling in such plan. For individuals residing in a long-term care setting, the sponsor of a prescription drug plan is required to provide at least a 90-day supply of any drug such individual was taking prior to enrolling in such plan. A formulary transition supply provided under this section shall be made by the sponsor of a prescription drug plan without imposing any prior authorization requirements or other access restrictions for individuals stabilized on a course of treatment and at the dosage previously prescribed by a physician or recommended by a physician going forward.

"(5) CUSTOMER SERVICE.—The sponsor of a prescription drug plan is required to provide—

"(A) accessible and trained customer service representatives available for full business hours from coast to coast to provide knowledgeable assistance to individuals seeking help with Medicare Part D including, but not limited to, beneficiaries, caseworkers, SHIP counselors, pharmacists, doctors, and caregivers;

"(B) at least one dedicated phone line for pharmacists with sufficient staff to reduce wait times for pharmacists seeking Medicare Part D assistance to no more than 20 minutes; and

"(C) sufficient staff to reduce wait times for all Medicare Part D-related calls to plan phone lines to no more than 20 minutes."

(2) APPLICATION.—The requirements under paragraphs (4) and (5) of section 1860D-4(b) of the Social Security Act (42 U.S.C. 1395w-104(b)), as added by subsection (a), shall apply to the plan serving as the national point of sale contractor under part D of title XVIII of such Act.

(b) EFFECTIVE DATE AND ENFORCEMENT.—

(1) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date of enactment of this Act.

(2) ENFORCEMENT.—The Secretary may impose a civil monetary penalty in an amount not to exceed \$15,000 for conduct that a sponsor of a prescription drug plan or an organization offering an MA-PD plan knows or should know is a violation of the provisions of paragraph (4) or (5) of section 1860D-4(b) of the Social Security Act (42 U.S.C. 1395w-104(b)), as added by subsection (a). The provisions of section 1128A of the Social Security Act (42 U.S.C. a-7a), other than subsections (a) and (b) and the second sentence of subsection (f), shall apply to a civil monetary penalty under the previous sentence in the same manner as such provisions apply to a penalty or proceeding under subsection (a) of such section 1128A(a).

SEC. 3. FEDERAL FALLBACK FOR FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS FOR 2006.

(a) IN GENERAL.—

(1) IN GENERAL.—If a full-benefit dual eligible individual (as defined in section 1935(c)(6) of the Social Security Act (42 U.S.C. 1396u-5(c)(6))), or an individual who is presumed to be such an individual pursuant to subsection (b), presents a prescription for a covered part D drug (as defined in section 1860D-2(e) of such Act (42 U.S.C. 1395w-102(e))) at a pharmacy in 2006 and the pharmacy is unable to locate or verify the individual's enrollment through a reasonable effort, including the use of the pharmacy billing system or by calling an official Medicare hotline, or to bill for the prescription through the plan serving as the national point of sale contractor, the pharmacy may provide a 30-day supply of the drug to the individual.

(2) REFILL.—The pharmacy may provide an additional 30-day supply of a drug if the

pharmacy continues to be unable to locate the individual's enrollment through such reasonable efforts or to bill for the prescription through the plan serving as the national point of sale contractor when a prescription is presented on or after the date that a prescription refill is appropriate, but in no case after December 31, 2006.

(3) **COST-SHARING.**—The cost-sharing for a prescription filled pursuant to this subsection shall be cost-sharing provided for under section 1860D-14(a) of the Social Security Act (42 U.S.C. 1395w-114(a)).

(b) **PRESUMPTIVE ELIGIBILITY.**—An individual shall be presumed to be a full-benefit dual eligible individual (as so defined) if the individual presents at the pharmacy with—

(1) a government issued picture identification card;

(2) reliable evidence of Medicaid enrollment, such as a Medicaid card, recent history of Medicaid billing in the pharmacy patient profile, or a copy of a current Medicaid award letter; and

(3) reliable evidence of Medicare enrollment, such as a Medicare identification card, a Medicare enrollment approval letter, a Medicare Summary Notice, or confirmation from an official Medicare hotline.

(c) **PAYMENTS TO PHARMACISTS.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services shall reimburse pharmacists, to the extent that such pharmacists are not otherwise reimbursed by States or plans, for the costs incurred in complying with the requirements under subsection (a), including acquisition costs, dispensing costs, and other overhead costs. Such payments shall be made in a timely manner from the Medicare Prescription Drug Account under section 1860D-16 of the Social Security Act (42 U.S.C. 1395w-116) and shall be deemed to be payments from such Account under subsection (b) of such section.

(2) **RETROACTIVE APPLICATION TO BEGINNING OF 2006.**—The costs incurred by a pharmacy which may be reimbursed under paragraph (1) shall include costs incurred during the period beginning on January 1, 2006, and before the date of enactment of this Act.

(d) **RECOVERY OF COSTS FROM PLANS BY SECRETARY NOT PHARMACIES.**—The Secretary of Health and Human Services shall establish a process for recovering the costs described in subsection (c)(1) from prescription drug plans (as defined in section 1860D-1(a)(3)(C) of the Social Security Act (42 U.S.C. 1394w-101(a)(3)(C))) and MA-PD plans (as defined in section 1860D-41(a)(14) of such Act (42 U.S.C. 1395w-151(a)(14))) if the Secretary determines that such plans should have incurred such costs. Amounts recovered pursuant to the preceding sentence shall be deposited in the Medicare Prescription Drug Account described in subsection (c)(1).

SEC. 4. IDENTIFYING FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS IN DATA RECORDS.

(a) **IN GENERAL.**—The Secretary of Health and Human Services and a prescription drug plan or an MA-PD plan shall clearly identify all full-benefit dual eligible individuals (as defined in section 1935(c)(6) of the Social Security Act (42 U.S.C. 1396u-5(c)(6))) and reflect the low-income subsidy status of such individual for each calendar year (beginning with 2006) in every data record file used to enroll or adjudicate claims for such individuals.

(b) **ENROLLMENT.**—For each calendar year (beginning with 2006) and for each Medicaid beneficiary who is a full-benefit dual eligible individual (as so defined), the Secretary of Health and Human Services shall—

(1) identify in the Medicare enrollment database that such individual has dual eligible status that has been verified with a State or the District of Columbia; and

(2) ensure that such dual eligible status is reflected in each data file necessary to ensure that such status is transmitted to a prescription drug plan or an MA-PD plan when the Secretary certifies the enrollment of such an individual in a plan.

(c) **DEFINITION OF MA-PD PLAN AND PRESCRIPTION DRUG PLAN.**—For purposes of this section, the terms “MA-PD plan” and “prescription drug plan” have the meaning given such terms in sections 1860D-1(a)(3)(C) and 1860D-41(a)(14) of the Social Security Act (42 U.S.C. 1395w-101(a)(3)(C); 1395w-151(a)(14)), respectively.

SEC. 5. PROHIBITION ON CONDITIONING MEDICAID ELIGIBILITY FOR INDIVIDUALS ENROLLED IN CERTAIN CREDITABLE PRESCRIPTION DRUG COVERAGE ON ENROLLMENT IN THE MEDICARE PART D DRUG PROGRAM.

(a) **IN GENERAL.**—Section 1935 of the Social Security Act (42 U.S.C. 1396v) is amended by adding at the end the following:

“(f) **PROHIBITION ON CONDITIONING ELIGIBILITY FOR MEDICAL ASSISTANCE FOR INDIVIDUALS ENROLLED IN CERTAIN CREDITABLE PRESCRIPTION DRUG COVERAGE ON ENROLLMENT IN MEDICARE PRESCRIPTION DRUG BENEFIT.**—

“(1) **IN GENERAL.**—A State shall not condition eligibility for medical assistance under the State plan for a part D eligible individual (as defined in section 1860D-1(a)(3)(A)) who is enrolled in creditable prescription drug coverage described in any of subparagraphs (C) through (H) of section 1860D-13(b)(4) on the individual's enrollment in a prescription drug plan under part D of title XVIII or an MA-PD plan under part C of such title.

“(2) **COORDINATION OF BENEFITS WITH PART D FOR OTHER INDIVIDUALS.**—Nothing in this subsection shall be construed as prohibiting a State from coordinating medical assistance under the State plan with benefits under part D of title XVIII for individuals not described in paragraph (1).”

(b) **NULLIFICATION OF STATE PLAN AMENDMENTS, REDETERMINATION OF ELIGIBILITY.**—In the case of a State that, as of the date of enactment of this Act, has an approved amendment to its State plan under title XIX of the Social Security Act with a provision that conflicts with section 1935(f) of such Act (as added by subsection (a)), such provision is, as of such date of enactment, null and void. The State shall redetermine any applications for medical assistance that have been denied solely on the basis of the application of such a State plan amendment not later than 90 days after the date of enactment of this Act.

SEC. 6. ENSURING THAT FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS ARE NOT OVERCHARGED.

(a) **IN GENERAL.**—Section 1860D-14 of the Social Security Act (42 U.S.C. 1395w-114) is amended—

(1) by redesignating subsection (d) as subsection (e); and

(2) by inserting after subsection (c) the following new subsection:

“(d) **ENSURING FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS ARE NOT OVERCHARGED.**—

“(1) **IN GENERAL.**—The Secretary shall, as soon as possible after the date of enactment of this subsection, establish processes for the following:

“(A) **TRACKING INAPPROPRIATE PAYMENTS.**—The Secretary shall track full-benefit dual eligible individuals enrolled in a prescription drug plan or an MA-PD plan to determine whether such individuals were inappropriately subject under the plan to a deductible or cost-sharing that is greater than is required under section 1860D-14.

“(B) **REDUCTION IN PAYMENTS TO PLANS AND REFUNDS TO INDIVIDUALS.**—If the Secretary determines under subparagraph (A) that an individual was overcharged, the Secretary shall—

“(i) reduce payments to the sponsor of the prescription drug plan under section 1860D-15 or to the organization offering the MA-PD plan under section 1853 that inappropriately charged the individual by an amount equal to the inappropriate charges; and

“(ii) refund such amount to the individual within 60 days of the determination that the individual was inappropriately charged.

If the Secretary does not provide for the refund under clause (i) within the 60 days provided for under such clause, interest at the rate established under section 6621(a)(1) of the Internal Revenue Code of 1986 shall be payable from the end of such 60-day period until the date of the refund.

“(2) **REQUIREMENT.**—The processes established under paragraph (1) shall provide for the ability of an individual to notify the Secretary if the individual believes that they were inappropriately subject under the plan to a deductible or cost-sharing that is greater than is required under section 1860D-14.”

(b) **REPORT TO CONGRESS.**—Not later than January 1, 2007, the Secretary of Health and Human Services shall submit a report to Congress on the implementation of the processes established under subsection (d) of section 1860D-14 of the Social Security Act (42 U.S.C. 1395w-114), as added by subsection (a).

SEC. 7. REIMBURSEMENT OF STATES FOR 2006 TRANSITION COSTS.

(a) **REIMBURSEMENT.**—

(1) **IN GENERAL.**—Notwithstanding section 1935(d) of the Social Security Act (42 U.S.C. 1396u-5(d) or any other provision of law, the Secretary of Health and Human Services shall reimburse States for 100 percent of the costs incurred by the State during 2006 for covered part D drugs (as defined in section 1860D-2(e) of such Act (42 U.S.C. 1395w-102(e))) for part D eligible individuals (as defined in section 1860D-1(a)(3)(A) of the Social Security Act (42 U.S.C. 1394w-101(a)(3)(A))) which the State reasonably expected would have been covered under such part but were not because the individual was unable to access on a timely basis prescription drug benefits to which they were entitled under such part. Such payments shall be made from the Medicare Prescription Drug Account under section 1860D-16 of the Social Security Act (42 U.S.C. 1395w-116) and shall be deemed to be payments from such Account under subsection (b) of such section.

(2) **RETROACTIVE APPLICATION TO BEGINNING OF 2006.**—The costs incurred by a State which may be reimbursed under paragraph (1) shall include costs incurred during the period beginning on January 1, 2006, and before the date of enactment of this Act.

(b) **RECOVERY OF COSTS FROM PLANS BY SECRETARY NOT STATES.**—The Secretary of Health and Human Services shall establish a process for recovering the costs described in subsection (a)(1) from prescription drug plans (as defined in section 1860D-1(a)(3)(C) of the Social Security Act (42 U.S.C. 1394w-101(a)(3)(C))) and MA-PD plans (as defined in section 1860D-41(a)(14) of such Act (42 U.S.C. 1395w-151(a)(14))) if the Secretary determines that such plans should have incurred such costs. Amounts recovered pursuant to the preceding sentence shall be deposited in the Medicare Prescription Drug Account described in subsection (a)(1).

(c) **STATE.**—For purposes of this section, the term “State” includes the District of Columbia.

SEC. 8. FACILITATION OF IDENTIFICATION AND ENROLLMENT THROUGH PHARMACIES OF FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS IN THE MEDICARE PART D DRUG PROGRAM.

(a) **IN GENERAL.**—The Secretary of Health and Human Services shall provide for outreach and education to every pharmacy that has participated in the Medicaid program

under title XIV of the Social Security Act, particularly independent pharmacies, on the following:

(1) The needs of full-benefit dual eligible individuals and the challenges of meeting those needs.

(2) The processes for the transition from Medicaid prescription drug coverage to coverage under such part D for such individuals.

(3) The processes established by the Secretary to facilitate, at point of sale, identification of drug plan assignment of such population or enrollment of previously unidentified or new full-benefit dual eligible individuals into Medicare part D prescription drug coverage, including how pharmacies can use such processes to help ensure that such population makes a successful transition to Medicare part D without a lapse in prescription drug coverage.

(b) HOLDING PHARMACIES HARMLESS FOR CERTAIN COSTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall provide for such payments to pharmacies as may be necessary to reimburse pharmacies fully for—

(A) transaction fees associated with the point-of-sale facilitated identification and enrollment processes referred to in subsection (a)(3); and

(B) costs associated with technology or software upgrades necessary to make any identification and enrollment inquiries as part of the processes under subsection (a)(3).

(2) TIME.—Payments under paragraph (1) shall be made with respect to fees and costs incurred during the period beginning on December 1, 2005, and ending on June 1, 2006.

(3) PAYMENTS FROM ACCOUNT.—Payments under paragraph (1) shall be made from the Medicare Prescription Drug Account under section 1860D-16 of the Social Security Act (42 U.S.C. 1395w-116) and shall be deemed to be payments from such Account under subsection (b) of such section.

SEC. 9. STATE HEALTH INSURANCE PROGRAM ASSISTANCE REGARDING THE NEW MEDICARE PRESCRIPTION DRUG BENEFIT.

During the period beginning on the date that is 7 days after the date of enactment of this Act and ending on May 15, 2006 (or a later date if determined appropriate by the Secretary of Health and Human Services), the Secretary shall ensure that an employee of the Centers for Medicare & Medicaid Services is stationed at each State health insurance counseling program (receiving funding under section 4360 of the Omnibus Budget Reconciliation Act of 1990) in order to—

(1) assist Medicare beneficiaries and counselors under such program in better understanding the Medicare prescription drug benefit under part D of title XVIII of the Social Security Act; and

(2) act as a liaison to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services regarding issues related to oversight and enforcement of provisions under the Medicare prescription drug benefit.

SEC. 10. ADDITIONAL MEDICARE PART D INFORMATIONAL RESOURCES.

(a) 1-800-MEDICARE.—The Secretary of Health and Human Services shall increase the number of trained employees staffing the toll-free telephone number 1-800-MEDICARE in order to ensure that the average wait time for a caller does not exceed 20 minutes.

(b) PHARMACY HOTLINE.—The Secretary of Health and Human Services shall—

(1) establish a toll-free telephone number that is dedicated to providing information regarding the Medicare prescription drug benefit under title XVIII of the Social Security Act to pharmacists; and

(2) staff such telephone number in order to ensure that the average wait time for a caller does not exceed 20 minutes.

(c) STATE HEALTH INSURANCE PROGRAM HOTLINE.—The Secretary of Health and Human Services shall—

(1) establish a toll-free telephone number that is dedicated to providing information regarding the Medicare prescription drug benefit under title XVIII of the Social Security Act to counselors working in State health insurance counseling programs (receiving funding under section 4360 of the Omnibus Budget Reconciliation Act of 1990); and

(2) staff such telephone number in order to ensure that the average wait time for a caller does not exceed 20 minutes.

SEC. 11. GAO STUDY AND REPORT ON THE IMPOSITION OF CO-PAYMENTS UNDER PART D FOR FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS RESIDING IN A LONG-TERM CARE FACILITY.

(a) STUDY.—The Comptroller General of the United States shall conduct a study on how mental health patients who are full-benefit dual eligible individuals (as defined in section 1935(c)(6) of the Social Security Act (42 U.S.C. 1396u-5(c)(6))) and who reside in long-term care facilities, including licensed assisted living facilities, will be affected by the imposition of co-payments for covered part D drugs under part D of title XVIII of such Act. Such study shall include a review of issues that relate to the potential harm of displacement due to an inability to access needed medications because of such co-payments.

(b) REPORT.—Not later than 6 months after the date of enactment of this Act, the Comptroller General of the United States shall submit a report to Congress on the study conducted under subsection (a) together with recommendations for such legislation as the Comptroller General determines is appropriate.

SEC. 12. STATE COVERAGE OF NON-FORMULARY PRESCRIPTION DRUGS FOR FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS DURING 2006.

(a) STATE COVERAGE OF NON-FORMULARY PRESCRIPTION DRUGS FOR FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS DURING 2006.—For prescriptions filled during 2006, notwithstanding section 1935(d) of the Social Security Act (42 U.S.C. 1396v(d)), a State (as defined for purposes of title XIX of such Act) may provide (and receive Federal financial participation for) medical assistance under such title with respect to prescription drugs provided to a full-benefit dual eligible individual (as defined in section 1935(c)(6) of such Act (42 U.S.C. 1396v(c)(6))) that are not on the formulary of the prescription drug plan under part D or the MA-PD plan under part C of title XVIII of such Act in which such individual is enrolled.

(b) APPLICATION.—

(1) MEDICARE AS PRIMARY PAYER.—Nothing in subsection (a) shall be construed as changing or affecting the primary payer status of a prescription drug plan under part D or an MA-PD plan under part C of title XVIII of the Social Security Act with respect to prescription drugs furnished to any full-benefit dual eligible individual (as defined in section 1935(c)(6) of such Act (42 U.S.C. 1396v(c)(6))) during 2006.

(2) THIRD PARTY LIABILITY.—Nothing in subsection (a) shall be construed as limiting the authority or responsibility of a State under section 1902(a)(25) of the Social Security Act (42 U.S.C. 1396a(a)(25)) to seek reimbursement from a prescription drug plan, an MA-PD plan, or any other third party, of the costs incurred by the State in providing prescription drug coverage during 2006.

SEC. 13. PROTECTION FOR FULL-BENEFIT DUAL ELIGIBLE INDIVIDUALS FROM PLAN TERMINATION PRIOR TO RECEIVING FUNCTIONING ACCESS IN A NEW PART D PLAN.

(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary of

Health and Human Services shall not terminate coverage of a full-benefit dual eligible individual (as defined in section 1935(c)(6) of the Social Security Act (42 U.S.C. 1396v(c)(6))) unless such individual has functioning access to a prescription drug plan under part D or an MA-PD plan under part C of title XVIII of such Act. Such access shall include entry of the individual into the computer system of such plan and an acknowledgment by the plan that the individual is eligible for a full premium subsidy under section 1860D-14 of such Act (42 U.S.C. 1395w-114).

(b) EFFECTIVE DATE.—This section shall take effect on the date of enactment of this Act.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 349—CONDEMNING THE GOVERNMENT OF IRAN FOR VIOLATING THE TERMS OF THE 2004 PARIS AGREEMENT, AND EXPRESSING SUPPORT FOR EFFORTS TO REFER IRAN TO THE UNITED NATIONS SECURITY COUNCIL FOR ITS NONCOMPLIANCE WITH INTERNATIONAL ATOMIC ENERGY AGENCY OBLIGATIONS

Mr. SANTORUM (for himself and Mr. KYL) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 349

Whereas the International Atomic Energy Agency (IAEA) reported in November 2003 that Iran had been developing an undeclared nuclear enrichment program for 18 years and had covertly imported nuclear material and equipment, carried out over 110 unreported experiments to produce uranium metal, separated plutonium, and concealed many other aspects of its nuclear facilities;

Whereas, in November 2004, the Governments of the United Kingdom, France, and Germany entered into an agreement with Iran on Iran's nuclear program (commonly known as the "Paris Agreement"), successfully securing a commitment from the Government of Iran to voluntarily suspend uranium enrichment operations in exchange for discussions on economic, technological, political, and security issues;

Whereas Article XII.C of the Statute of the IAEA requires the IAEA Board of Governors to report the noncompliance of any member of the IAEA with its IAEA obligations to all members and to the Security Council and General Assembly of the United Nations;

Whereas Article III.B-4 of the Statute of the IAEA specifies that "if in connection with the activities of the Agency there should arise questions that are within the competence of the Security Council, the Agency shall notify the Security Council, as the organ bearing the main responsibility for the maintenance of international peace and security";

Whereas, in September 2005, the IAEA Board of Governors adopted a resolution declaring that Iran's many failures and breaches constitute noncompliance in the context of Article XII.C of the Statute of the IAEA;

Whereas, on January 3, 2006, the Government of Iran announced that it planned to restart its nuclear research efforts in direct violation of the Paris Agreement;

Whereas, in January 2006, Iranian officials, in the presence of IAEA inspectors, began to remove United Nations seals from the enrichment facility in Natanz, Iran;